ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index - - No. _436_

County Registrar's No. _____

Local Registrar's - No. _56_

PLACE OF DEATH

1. County _Pinal_

District _Ray_

Town or City _Ray_

No. _____, _____ St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME _Jese Bass_

(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode)   (If nonresident, give city or town and State)
Length of residence in city or town where death occurred _3_ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_ **4 COLOR or RACE** _White_ **5 SINGLE, MARRIED, WIDOWED or DIVORCED** (write the word) _Widow_

16. DATE OF DEATH (month, day, and year) _July 8_ 19_27_

17.
I HEREBY CERTIFY, That I attended deceased from
July 7, 19_27_ to _July 8_, 19_27_,
that I last saw h__ alive on _____, 19__

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day and year) _19 May_

and that death occurred, on the date stated above, at _7:30_ m.
The CAUSE OF DEATH* was as follows:
Gun shot wound of right thigh (pistol)

7. AGE _62_ Years | Months | Days | IF LESS than 1 day ___ hrs. or ___ min.

_____(duration) ___ yrs. ___ mos. _3_ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _Rancher_
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer

CONTRIBUTORY (Secondary) _Gas gangrene_
_____(duration) ___ yrs. ___ mos. _2_ ds.

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _Yes_ Date of _7/7/27_
Was there an autopsy? _No_
What test confirmed diagnosis? _Operation, Exam_

9. BIRTHPLACE (city or town) _Texas_
(State or country)

10. NAME OF FATHER _Richard Bass_

11. BIRTHPLACE OF FATHER (city or town) _Tex_
(State or country)

(Signed) _O.S. Utzinger_, M. D.
_7/8_ 19_27_ (Address) _Ray Ariz_

12. MAIDEN NAME OF MOTHER _Ida Boal_

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

13. BIRTHPLACE OF MOTHER (city or town) _Tex_
(State or country)

14. Informant _Earnest Bass_
(Address) _Kelvin Ariz_

19. PLACE OF BURIAL, CREMATION OR REMOVAL | **DATE OF BURIAL**
Ray Cemetery | _July 9_ 19_27_

15. Filed _7/11_, 19_27_ _O.S. Utzinger_ _____
Registrar

20. UNDERTAKER _Allard Bryant_ **ADDRESS** _Superior_

V. S. No. 1